



| AMENDMENT TRANSMITTAL LETTER | | | | ATTORNEY'S DOCKET NO. 13752 | | |
|--|---|---------------------|---|------------------------------------|------------------------|-----------------------|
| SERIAL NO. 09/943,003 | | FILING DATE 8/31/01 | | EXAMINER Pierre E. Elisca | GROUP ART UNIT 3621 | |
| INVENTION CARDHOLDER TRANSACTION CONTROL METHODS, APPARATUS, SIGNALS AND MEDIA | | | | | | |
| TO THE COMMISSIONER OF PATENTS AND TRADEMARKS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) No. of extra claims present | (6) Rate | (7) Additional fee |
| Total claims | 75 | Minus | 74 = | 1 | x25 | 25 |
| Indep. claims | 8 | Minus | 7 = | 1 | x100 | 100 |
| Total additional fee for this amendment | | | | 125.00 | | |
| <small>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5 **If the "Highest Previously Paid For" IN THIS SPACE is less than 10, write "10" in this space</small> | | | | | | |
| <input type="checkbox"/> No additional fee is required. | | | | | | |
| <input checked="" type="checkbox"/> A check in amount of <u>\$635.00</u> is attached in payment of additional claim fees and 3 month extension of time fee. | | | | | | |
| <input type="checkbox"/> Charge \$_____ to Deposit Account <u>04-1577</u> . A duplicate copy of this sheet is enclosed. | | | | | | |
| <input checked="" type="checkbox"/> Please charge any additional fees or credit overpayment to Deposit Account <u>04-1577</u> . A duplicate copy of this sheet is enclosed. | | | | | | |
|  <u>3/30/2005</u> Date | | | | | | |
| Ralph A. Dowell 26,868 Attorney of Record PTO CUSTOMER NO.: 000293 | | | | | | |